

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 JUN 24 PM 3:27

1. Corporation Name

Systems Management Associates, Inc.

2. Principal Office Address - No P.O. Box #
5727 NW 17th Avenue

3. Mailing Office Address
1832 NW 193rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami Gardens, FL

Zip 33142

Country
USA

Zip
33056

Country
USA

CR2E001 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 05/25/1978

5. FEI Number **59-1957677**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
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7. Name and Address of Current Registered Agent

Name **Julius Jackson**

Street Address (P.O. Box Number is Not Acceptable) 1832 NW 193rd Street

Suite, Apt. #, Etc.

City **Miami Gardens**

State
FL

Zip Code
33056

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

06/22/2022

Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Jasmine Noel	1832 NW 193rd Street	Miami Gardens. FL. 33056
D	Lois E. Jackson	1832 NW 193rd Street	Miami Gardens, FL 33056
D	Julius V. Jackson	1832 NW 193rd Street	Miami Gardens, FL 33056
S, D	Julius V. Jackson, Jr.	1832 NW 193rd Street	Miami Gardens, FL 33056
			JUN 22 2022
			M. WILLIAMS

10. **E-mail Address:** jjackson@soinholdings.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Julius V. Jackson, Director 06/22/2022 305-775-6449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #